

## 2012 Medicare Advantage plans in Washington state

Data as of Oct. 6, 2011.

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series).

Plans under sanction by Medicare are not shown.

\* Indicates this type of plan does not offer Part D drug coverage.

**For the most current information, contact the plan directly or go to [www.medicare.gov](http://www.medicare.gov) and click on "Compare Drug and Health Plans."**

County	Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Plan ID	Monthly Consolidated Premium (Includes Part C + D)	Part C Premium Only (Only use this when calculate LIS recipients premium)	Part D Premium Obligation with Full LIS	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	In-network MOOP Amount **
Whitman	Asuris Northwest Health 1-866-216-4912 <a href="http://www.asuris.com/needCoverage/medicare/">www.asuris.com/needCoverage/medicare/</a>	Asuris TruAdvantage + Rx Classic (PPO)	Local PPO	H5010	002	\$138.00	\$95.50	\$6.00	\$220	Basic	No Gap Coverage	\$15/\$40	D, V	\$3,400
Whitman		Asuris TruAdvantage + Rx Enhanced (PPO)	Local PPO	H5010	004	\$215.00	\$129.90	\$48.60	\$0	Enhanced	Many Generics	\$10/\$30	D, V	\$2,800
Whitman		Asuris TruAdvantage Basic (PPO)	Local PPO *	H5010	001	\$98.00				No Drugs		\$15/\$40	D, V	\$3,400
Whitman	Molina Healthcare of Washington, Inc. 1-866-403-8293 TTY/TDD: 1-800-645-7322 <a href="http://www.molinamedicare.com">www.molinamedicare.com</a>	Molina Medicare Options (HMO)	Local HMO	H5823	002	\$66.00	\$22.00	\$7.50	\$0	Enhanced	No Gap Coverage	\$10/\$35	D, V	\$3,400

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## Key to types of Medicare Advantage plans

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**Local PPO:** A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

**PFFS:** A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

### Key to Drug Benefit Type

**Basic:** These plans offer basic coverage with standard deductible, copays, and coverage gap.

**Enhanced:** These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

### Key to Abbreviations

**D:** Some dental coverage

**H:** Some hearing coverage

**V:** Some visual coverage

**MOOP:** Maximum Out of Pocket

### Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

You can also read more about Medicare Advantage plans at: [www.insurance.wa.gov/consumers/medicare/index.shtml](http://www.insurance.wa.gov/consumers/medicare/index.shtml)